

## In Support of

## SB\54, An Act Concerning Uniform Preauthorization Standards for Health Care Providers and Health Insurers

Committee on Insurance and Real Estate February 17, 2011

Dear Senator Crisco, Representative Megna and Members of the Insurance and Real Estate Committee, we are writing this in support of SB 54, An Act Concerning Uniform Preauthorization Standards for Health Care Providers and Health Insurers, mandating payment for pre approved services, thus improving the fairness in contracting language that doctors have to sign on behalf of all health care consumers in CT and in particular our daughter Signe Anderson.

It is incredulous to us, her parents that after extensive diligence was done by the office of Dr. Scott Gray to get pre approval of our daughter's procedure by Aetna that - after the surgery was complete - Aetna turned around and for no logical reason decided to deny payment. We have come to understand that Dr. Gray's office has been forced to sign contracts with companies like Aetna that will not guarantee payment for properly pre approved services or services that are specifically identified as not requiring pre approval.

Our daughter Signe suffered a deadening of the bone in her ankle after a fracture a few years prior. At the age of 20 and in college, the pain had become such that not only could she no longer run and perform mild exercise workouts, but also simply walking between classes on campus became painful, often unbearable. Signe is too young to be suffering such pain on a daily basis. After thorough examinations, MRIs, x-rays and consultations with Dr. Gray, it was determined that surgery was the best solution for Signe to find relief from the pain she was suffering and bring her ankle back to a state of normal functionality. Dr. Gray gave us numerous examples of this surgery that his practice had been performing for well over a decade, and we had the utmost confidence in his diagnosis and recommended surgery. Our family has been going to Connecticut Family Orthopedics for thirteen years for treatment of bone breaks, ACL reconstruction, sprains and other such issues, and the care we have

received has never been anything but excellent. The fact that our daughter Signe is now completely pain-free, working out on a daily basis, and able to run — something she'd not been able to do for two years — is proof that the surgery performed by Dr. Gray was exceptionally successful. And as always, we had complete peace of mind that the office had taken every step mecessary to assure that Signe's surgery was covered by Aetna.

It is unacceptable that Aetna has in retrospect refused payment of this surgery. We ask why do we pay a premium if this is Aetna's policy. Who in their right mind would approve an expensive surgery, set the expectations of the surgeon, the surgical facility, and the patient that it is okay to proceed, and turn around after the fact and say, "Sorry, we changed our minds"? It appears to us that Aetna has developed a process that is set up to penalize its members and its doctors for following its rules. We are incredulous to be blindsided by Aetna, to be now facing over \$20,000 in fees when we were told otherwise. We demanded that Aetna honor its original stance and cover this surgery as was promised from the beginning original stance and cover this surgery as was promised from the beginning legislative protection in order for them to treat us as consumers and legislative properly and fairly.

Erik and Andrea Anderson Ridgefield, Connecticut